

WITHDRAWAL

JD-CV-41 Rev. 1-18

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Instructions:

1. Complete this form by selecting any applicable withdrawal categories below.
2. File with the clerk.

Docket number

AAN-CV-20-6039670-S

Return date (For Civil and Housing cases only)

Sep-22-2020

Answer date (For Small Claims cases only)

Name of case (First-named Plaintiff vs. First-named Defendant)

PIAZZA, DIANNA v. GALLAGHER, JOHN Et Al☒ Judicial District☐ Housing Session

Address of court (Number, street, town and zip code)

14 WEST RIVER STREET MILFORD, CT 06460**Dispositive (Complete) Withdrawal**

(Do not check the following two boxes if any intervening complaints, cross complaints, counterclaims, or third party complaints remain pending in this case. See below for partial withdrawal of action.)

(WDACT) ☒ The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.(WOARD) ☐ A judgment has been rendered against the following Defendant(s):

_____ and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

Partial Withdrawal**The following pleading(s), motion(s) or other paper(s) in the case named above is or are withdrawn:**(WDCOMP) ☐ Complaint (WAPPCOM) ☐ Apportionment Complaint(WOC) ☐ Counterclaim (WDINTCO) ☐ Intervening Complaint(WDCC) ☐ Cross Complaint (cross claim) (WDTHPC) ☐ Third Party Complaint(WDCOUNT) ☐ Counts of the complaint: _____(WOAAP) ☐ Plaintiff(s): _____(WOAAD) ☐ Complaint against defendant(s): _____ only without costs(WOM) ☐ Motion: _____☐ Other: _____**Signature of Filer(s)**

Party	P-01 DIANNA PIAZZA	; By	WILLINGER WILLINGER & BUCCI PC	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party

Name & Address of Filer(s): ►

CHRISTOPHER MICHAEL CERAMI**1000 Bridgeport Avenue, Suite 501, Shelton, CT 06484****Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) **Jan-31-2022** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to*

OUELLETTE DEGANIS GALLAGHER & GRIPPE LLC - 143 MAIN STREET/CHESHIRE, CT 06410**For Court Use Only**

*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Signed (Signature of filer)

► **435799**

Print or type name of person signing

CHRISTOPHER MICHAEL CERAMI

Date signed

Jan-31-2022

Mailing address (Number, street, town, state and zip code)

1000 BRIDGEPORT AVENUE SUITE 501 SHELTON, CT 06484

Telephone number

2033663939